

of the parts below followed. In seven days tetanus came on in the form of opisthotonos. Laudanum was given, in drachm doses, every half hour during the night; and the next day, caustic potash was applied along the whole length of the spine. There was a mitigation of the paroxysms; the patient slept and awoke free from the tetanic symptoms, but the paralysis of the lower extremities and of the bladder remained. Sensation remained perfect."

In the case just reported both sensation and motion were affected.

In "Longmore on Gunshot Wounds," a case is spoken of thus: "M. Baudens extracted, with an elevator supplied with a canula, a ball which had lodged in the eleventh dorsal vertebra, and was causing compression and complete paraplegia. The paralysis disappeared immediately after the extraction of the bullet, but tetanus came on four days afterwards, and proved speedily fatal." In both these cases there was direct injury to the spine, and there must have been much more laceration of tissue than was made through the integuments of the scalp in my case. In fact the scalp can scarcely be said to have been lacerated, but rather perforated by the polished spikes.

With the case before us, we have then three cases in which paralysis and tetanus coexisted. Doubtless there are others, but I have not been able to find them.

Why, when the intelligence of this patient was good, was he unable to speak, but could only give utterance to moaning and guttural sounds? His tongue was not paralyzed. There was nothing the matter with the base of the brain. The hearing and sight appeared to be good; there was no strabismus. Patients with trismus—at least all I have seen—can speak, although low, yet perfectly distinct. Is the explanation to be found in the cerebral wounds interfering with the will and intellect? It was not owing to a stupefied condition that the patient did not speak, for it was two days before coma came on that he lost the power of articulating, and made his wants known by motions with his left hand and by his eyes.

Surgically, the case is of great interest. Should we have trephined this boy over the three fractures? Does not the post-mortem show that we should, in all probability, have added one more case to the long list which has almost abolished the trephine from the surgical armamentarium? The calvaria has been preserved, and is a rare specimen of punctured fracture, with depression of the internal table.<sup>1</sup>

Nov. 5. *Colloid Cancer of the Omentum, Mesentery, &c.; Scirrhus of the Stomach and Uterus; Colloid of the Ovaries.*—Dr. LEVICK exhibited a specimen of cancer, and made the following remarks respecting it: Mrs. —, a lady aged 59, had carefully nursed her husband through a long and fatal illness. During this time, which extended over a period of four years, her health had been good for the most part, excepting some little discomfort after eating, which was attributed to dyspepsia. There was also at the same time a tendency to constipation of the bowels. To relieve these symptoms she took small doses of blue mass, but without any appreciable benefit. These symptoms gradually increased, but she was able to attend to her domestic duties, and to go out daily until the early part of August, 1862, when Dr. Levick was first called to see her. He found her in bed, suffering from pain in the abdomen, obstinate constipation, nausea and vomiting, the stomach rejecting almost everything taken into

<sup>1</sup> The specimen was exhibited.

it. Careful inspection revealed the existence of a hard tumour in the epigastrium, extending toward the right hypochondrium. The abdomen was prominent and very tympanitic. The patient was somewhat relieved by the use of a turpentine enema, and the subsequent use of anodynes. The relief was but temporary, and the constipation and vomiting increased to a most distressing degree, large quantities of a dark coffee-grounds substance being thrown up toward the last of her illness. For more than a fortnight before her death she positively refused to take nourishment of any kind, and none passed her lips. In view of the epigastric tumour, and the symptoms before named, cancer of the stomach and intestines was at once diagnosed. She died October 19, 1862.

The *autopsy* was made three days subsequently. *Exterior.* Emaciation extreme. *Abdomen.* On opening the abdomen a large quantity of serous fluid of a dark yellow colour escaped. As soon as this had all been removed, the abdominal viscera were found to be covered with a gelatinous substance, of the colour and consistence of calves-foot jelly, or in some places a few shades darker, like gum copal. The omentum, as may be seen, is entirely converted into, or replaced by this jelly-like material; it is in many places more than half an inch thick, and is heavy; the locular or honey-comb structure containing the gelatinous ingredient is beautifully apparent. The mesentery, the inner wall of the abdomen, the under surface of the diaphragm, and the peritoneal coat of the bowels, were all covered with the same deposit. The same was the case with the peritoneal covering of the liver, the spleen, and the kidneys; but what is interesting to note, in none of these viscera had the colloid cancer invaded the parenchymatous structure. The liver was in the contracted stage of cirrhosis, but entirely free from cancerous deposit. The spleen is of the usual size, and, excepting its peritoneal covering, unaffected. So too with the kidneys, which, though buried as it were in the soft gelatinous matter, were entirely healthy in their structure. The stomach, as may be seen, is greatly thickened, is hard, and the pylorus the seat of scirrhus deposit. The uterus and its appendages present some points of interest. The ovaries are the seat of colloid cancer, while in the fundus and body of the uterus are two or three tumours, hard, and evidently of the scirrhus form of cancer. The intestines were contracted to the size, in some places, of a goose-quill. The specimen was removed from the body a fortnight since, and by maceration in alcohol has lost its yellow colour.

The thoracic viscera were entirely healthy. Dr. L. remarked that the specimen before the college was especially interesting to him from the fact that the two forms of cancer, scirrhus and colloid, were found associated as they were in this instance, thus establishing the close relationship which exists between them, an identity which had been questioned by some writers on colloid cancer. Especially was this shown in the appearances presented by the uterus and ovaries: the former, as had been already noticed, being the seat of scirrhus tumours; while the latter was exclusively that of colloid cancer.

*Cases of Stone in the Bladder.* By Dr. GILBERT.—The following cases of calculus vesicæ, in which removal was effected by operation, are respectfully submitted to the college. They embrace all the cases operated upon by the writer, and are interesting mainly in view of the advanced age of the patients:—

CASE 1. Amy, a coloured woman, aged sixty-five years. Operation was